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FAX TRANSMISSION**DATE:** August 17, 2006**PTO IDENTIFIER:** Application Number 10/071732-Conf. #2975

Patent Number

Inventor: Alexander GELBMAN**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 278-8300**FROM:** LAHIVE & COCKFIELD, LLP

David R. Burns

PHONE: (617) 227-7400**Attorney Dkt. #:** VTW-007RCE**PAGES (Including Cover Sheet):** 6**CONTENTS:** Fee Transmittal (1 page - in duplicate)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Transmittal (1 page)
Charge \$510.00 to deposit account 12-0080
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/071732

Attorney Docket No.: VTW-007RCE

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on August 17, 2006
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David R. Burns

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46,590

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Telephone Number

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Transmittal (1 page)

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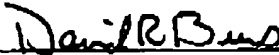
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/071732-Conf. #2975
	Filing Date	February 7, 2002
	First Named Inventor	Alexander GELBMAN
	Art Unit	2677
	Examiner Name	D. Y. Chow
Total Number of Pages in This Submission	Attorney Docket Number	VTW-007RCE

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	David R. Burns		
Date	August 17, 2008	Reg. No.	46,590

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Dated: August 17, 2008	Signature:  (David R. Burns)

AUG 17 2006

PTO/SB/17 (12-04v2)

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Effective on 12/02/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/071732-Conf. #2975
		Filing Date	February 7, 2002
		First Named Inventor	Alexander GELBMAN
		Examiner Name	D. Y. Chow
		Art Unit	2677
TOTAL AMOUNT OF PAYMENT (\$) 510.00		Attorney Docket No.	VTW-007RCE

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lehive & Cockfield, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
		Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								
							Small Entity	
Fee Description							Fee (\$)	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							200	
Multiple dependent claims							360	
							180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims Fee (\$) Fee Paid (\$)	
_____ - 20 = _____ x _____ = _____								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
_____ - 3 = _____ x _____ = _____								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof				Fee (\$)	Fee Paid (\$)	
_____	_____	/50 _____ (round up to a whole number) x _____				= _____		
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2253 Extension for response within third month							510.00	

SUBMITTED BY			
Signature	<i>David R. Burns</i>	Registration No. (Attorney/Agent)	46,590
Name (Print/Type)	David R. Burns	Telephone	(617) 227-7400
		Date	August 17, 2006

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Dated: August 17, 2006	Signature: <i>David R. Burns</i> (David R. Burns)

AUG 17 2006

PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) VTW-007RCE	
Application Number	10/071732-Conf. #2975	Filed	February 7, 2002
For SMART ELECTRONIC LABEL EMPLOYING ELECTRONIC INK			
Art Unit	2677	Examiner	D. Y. Chow
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	<u>Small Entity Fee</u> \$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>46,590</u>	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.	
		Registration number if acting under 37 CFR 1.34 _____	
	<u>David R Burns</u>	<u>August 17, 2008</u>	
	Signature	Date	
	<u>David R. Burns</u>	<u>(617) 227-7400</u>	
	Typed or printed name	Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of	<u>1</u>	forms are submitted.

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Dated: August 17, 2008

Signature: David R Burns

(David R. Burns)